



BUSKER'S REGISTRATION FORM

To be used by street entertainers

Name of Company / Busker

Contact Person

Phone

Email

Permanent Address

City

State

Zip Code

Local Address

City

State

Zip Code

Dates of Entertainment

From

To

Type of Entertainment Offered

If you appear as a group, please list the name of each individual

Equipment, instruments, or accoutrements used in your performances

Yes No

Will you be selling anything?

If yes, you will need to obtain a [Vending Permit](#).

Applicant Signature

Date

Please return completed form to:

grace.bandstra@cityofames.org

City Clerk's Office

City of Ames

PO Box 811

Ames, IA 50010

For Office Use Only

Documents Received

Date: _____

___ Completed Application

Follow Up

___ Application approved

___ Database updated

Special Conditions:

Application Denial Reasons:
